

OFFICE OF FINANCIAL INSTITUTIONS



CERTIFIED LOUISIANA CAPITAL COMPANY APPLICATION

PROPOSED TITLE OF CAPCO:

ADDRESS:

CITY/PARISH/STATE/ZIP:

INFORMATION FOR THE APPLICANT

1. Any prospective incorporator desiring to qualify his/her certificate may do so by attaching hereto any statement which may be required to make his/her certificate accurate.
2. Schedules or inserts may be attached to this application whenever the space provided is insufficient. Such attached schedules or inserts are a part of this application. All schedules or inserts should be on paper the same size as this page.
3. An original and one copy of the completed application are to be forwarded to the Office of Financial Institutions. The applicant should be aware of the provisions of LSA-R.S. 6:121.5 regarding the submission of documents containing false information or misrepresentations regarding an applicant's personal or business background.
4. Requests for clarification as to what information is necessary to complete this application should be directed to the Office of Financial Institutions.
5. You may provide any information in addition to that requested by the Office which, in your opinion, might aid in the disposition of your application. However, any such unsolicited information will be accepted for consideration with the understanding that it may be made public.
6. Review of the application may require that additional information be requested to complete the application process.

CAPCO APPLICATION

The submission of any false or misleading information in the application documents will be grounds for rejection of the application and denial of further consideration, as well as, decertification, if such information discovered at a subsequent date would have resulted in the denial of such license. [LAC 10:XV:309(E)]

INFORMATION ABOUT YOUR BUSINESS

Name of Company (full legal name)	Mailing Address
	Telephone Number ()
City/Parish/County/State/Zip Code	LA Dept of Revenue I.D. No.
	IRS Employer I.D. No.

PHYSICAL ADDRESS OF PRINCIPAL LOUISIANA OFFICE

Manager/Director	Street Address
City/State/Zip Code	Telephone Number ()

BUSINESS CLASSIFICATION

<input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Trust	<input type="checkbox"/> SA 503 Corporation <input type="checkbox"/> Small Business Investment Company <input type="checkbox"/> Other (Identify)
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It is understood that the Office of Financial Institutions will consider the Application only with respect to the general character or type of business above stated and that the CAPCO will not engage in any other business without the prior written consent of OFI.

Note: Please attach a **certified** copy of the company's Certificate of Incorporation, Articles of Incorporation, or a certified copy of the certificate of formation of a limited partnership, or trust documents, or other evidence that the Applicant is organized and existing under the laws of Louisiana, as required by the Secretary of State. [LSA-R.S. 51:1925(B)]

COMPANY OWNERS (Individual)

List each individual director, officer, manager, member, partner or shareholder with a 5% or greater ownership interest in the Certified Capital Under Management of the prospective CAPCO applicant, and each individual director, officer, manager, member, partner or shareholder with a 5% or greater ownership interest in the General Partner or Management Company. Each of these individuals must complete and submit the following forms with original signatures:

- (i) Interagency Biographical and Financial Report
- (ii) Authority to Obtain Information from Outside Sources
- (iii) Affidavit of Outstanding Federal, State, or Local Tax Liens

	%
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	

COMPANY OWNERS (continued)

	%
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	
Name: Address: City/State/Zip Code:	

COMPANY OWNERS (Corporate)

List each corporate investor with a 5% percent or greater interest in the total Certified Capital Under Management of the prospective CAPCO applicant. The following forms must be submitted for each corporate investor:

- (i) the most recent financial statements
- (ii) Authority to Obtain Information from Outside Sources on Corporate Investors
- (iii) Affidavit of Outstanding Federal, State, or Local Tax Liens of Corporate Investors
- (iv) a resolution, certified by the Secretary, affirming the actions of the authorized representative

	%
Name: Address/City/State/Zip: Federal Taxpayer Identification Number:	
Name: Address/City/State/Zip: Federal Taxpayer Identification Number:	
Name: Federal Address/City/State/Zip: Taxpayer Identification Number:	
Name: Address/City/State/Zip: Federal Taxpayer Identification Number:	
Name: Address/City/State/Zip: Federal Taxpayer Identification Number:	

DIRECTORS AND PRINCIPAL OFFICERS

Note: If more space is necessary than is available below, include an additional page with “Information Attached”.

Name:	Title:
Address:	
City/State/Zip Code:	
Name:	Title:
Address:	
City/State/Zip Code:	
Name:	Title:
Address:	
City/State/Zip Code:	
Name:	Title:
Address:	
City/State/Zip Code:	
Name:	Title:
Address:	
City/State/Zip Code:	

GENERAL CHARACTER OF MANAGEMENT

Changes contemplated in the proposed directorate or active management during the first year. (If none, so state)

Note: Prompt written notification must be given to the Office of Financial Institutions if changes in the directorate, active management, or in the ownership of stock of 5% or more of the total are made prior to opening.

COMMITTEES

INVESTMENT/LOAN COMMITTEE Names of Members:	Duties:
AUDIT COMMITTEE Names of Members:	Duties:

PROPOSED PAID-IN CAPITAL

Attach an affidavit from bank(s) or custodian(s) to evidence cash or securities on deposit to the account of the applicant or in escrow and setting forth therein any encumbrances or restrictions against such deposits.

Important: The proposed CAPCO shall not refinance, directly or indirectly, any loan, advance, or credit extension originally made by any existing financial institution, or others, to any subscriber or shareholder for the purpose of obtaining funds to purchase stock in the proposed CAPCO.

DESCRIPTION	AMOUNT
Capital Stock (no. of shares @ \$ par value)	
Surplus	
Other Capital Segregations	
TOTAL	

Note: Attach a copy of the stock subscription form and prospectus, if any, which will be used in connection with the issuance of capital stock. A substantially complete list of stock subscribers shall be submitted before the application can be considered complete

List amounts and receipts of any fees or commissions paid in connection with the sale of stock.	Sale price per share

DISCLOSURE INFORMATION (Please check the appropriate boxes)

<p>The Applicant</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Has filed with the Louisiana Securities Commission a disclosure document and a consent to service of process, or</p> <p><input type="checkbox"/> <input type="checkbox"/> Has registered the securities offering pursuant to the Louisiana Securities Act R.S. 51:701-280, or</p> <p><input type="checkbox"/> <input type="checkbox"/> Is exempt from registration under Chapter 26 of the Securities Act of Louisiana.</p>	<p>The Applicant has disclosed or will disclose to all investors</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> That a tax credit is not available for an investment in a company until the company has raised at least \$200,000 in equity capital and the company has been designated a Certified Capital Company by the Commissioner of the Office of Financial Institutions.</p> <p><input type="checkbox"/> <input type="checkbox"/> All statutory limits on tax credits.</p> <p><input type="checkbox"/> <input type="checkbox"/> That the State of Louisiana is not liable for damages in accordance with Title 51.</p> <p><input type="checkbox"/> <input type="checkbox"/> That the company will use its Certified Capital to make Qualified Investments as required under R.S. 51:1926.</p>
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EXPECTED TAX CREDIT QUALIFICATIONS AND APPLICABLE APPLICATION FEE

The amount of capitalization that the company expects to qualify for tax credit is \$_____.

The formula for calculating the application fee is as follows: 0.2% times the expected tax credit (based upon the above number); however, the application fee must be at least \$200 and no more than \$5,000.

AUTHORIZED SIGNATURES

By signing this application, the officers, board of directors, partners, manager, or members acknowledge receipt of the governing rules and regulations as set forth by OFI and have read such rules and regulations as they apply to this licensee and agree to the conditions contained therein.

IMPORTANT: Also include a Board Resolution that outlines the provisions of §311(A)(1-8) and authorizes the filing of this application.

CERTIFICATION

I, _____, certify that I am _____
(Name of Officer Making Statement) (President, Vice President, Secretary or Partner)
of _____, the applicant herein, and make this statement on its
(Company)
behalf; that if the investors in _____, receive a tax credit
(Company)
under Title 51, Chapter 26, then _____ will use the
(Company)
capital base included by such tax credits to make qualified investments according to the schedule within the limits
established, including the filing of quarterly reports of investors and qualified investments required in Title 51,
Chapter 26; that I have read the foregoing application; and that the facts set out therein are true. I understand that
the submission of any false or misleading information in the application documents will be grounds for rejection of
the application and denial of further consideration, as well as, decertification, if such information discovered at a
subsequent date would have resulted in the denial of such license as stated in LAC 10:XV:309(E).

By _____
(Signature) (Date)

State of _____

Parish/County of _____

I, _____, a Notary Public, hereby certify that on the _____ day of
_____, 20____, _____ personally appeared before me and being by me first
duly sworn, declared that he is the _____ of _____
(Title) (Company)
and that the statements therein contained are true.

Notarial Seal

Notary Public for State of _____

Residing at _____

My commission expires: _____

THREE (3) YEAR BUSINESS PLAN

Note: The Commissioner has determined that the business plan filed with the Office of Financial Institutions as part of this application is confidential. Therefore, pursuant to R.S. 51:2389 (G)(5), the business plan is not subject to public disclosure.

Attach a copy of the three year formal business plan for the proposed CAPCO. The business plan should include, at a minimum, the following information:

Mission Statement

The mission statement shall state that the applicant's purpose is to encourage and assist in the creation, development, and expansion of Louisiana businesses and to provide maximum opportunities for the employment of Louisiana residents, by making equity investments, or financing assistance as a licensed BIDCO, available to Qualified Louisiana Businesses.

Description of Business/ Business Plan

In narrative form, describe the proposed CAPCO in detail. Include a description of the CAPCO's organizational structure; an analysis of proposed markets, competition and location of the CAPCO; a description of the management structure, including job descriptions and personnel composition. Attach required resumes. Include long and short-range plans and objectives which have been formally adopted by the board of directors. Also describe or provide copies of any written business policies which have been established governing accounting procedures, loan and investment applications and the approval process, and the dividend policy. As part of the business plan include financial statements and a full description of any management corporation which shall handle any of the CAPCO's management function.

Financial Data

Provide projections for a three-year period supported by the following financial documents. If desired, longer-term projections may be provided to more fully illustrate the effect of equity or debt/equity investments which may not realize returns until several years into the future.

1. Pro Forma Balance Sheets based upon the first day of operation and as of calendar year-end for three years.
2. Pro Forma Income Statements based upon the first day of operation and as of calendar year-end for three years.
3. Pro Forma Cash Flow Analysis based upon the first day of operation and as of calendar year-end for three years.
4. Annual Detailed Operating Budgets.
5. A narrative description of ongoing sources and applications of cash.
6. Historical Records of Corporate Activity (if applicable).

A narrative summary should be provided reviewing the key assumptions on which the projections are based. Please identify or provide any documents or studies in support of these assumptions.

Organizational Structure

Provide an organizational chart listing all affiliated entities and/or interests to the applicant (parent, subsidiaries, and other related interests) including all members of the consolidated entities. Include a statement disclosing any existing or potential conflicts of interest between the applicant, members, managers, associates or affiliates.